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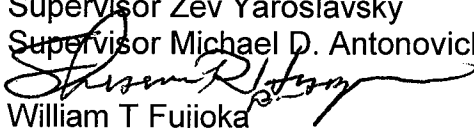
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December 11, 2008

To: Supervisor Don Knabe, Chairman
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From: William T Fujioka
Chief Executive Officer

REPORT ON MENTAL HEALTH SERVICES ACT FUNDING OPPORTUNITIES AND TRANSFORMATION EFFORTS

On February 12, 2008, your Board directed the Chief Executive Officer (CEO) and Director of Mental Health to: 1) assist community agencies in transforming their programs to utilize Mental Health Services Act (MHSA) funding to mitigate the impact of the 2007-08 budget deficit on services to clients; 2) work with stakeholders to advocate with the State to allow for maximum flexibility in the use of MHSA funding to mitigate impact to current and potential future services; and 3) pursue such actions, including advocating to the State to give counties flexibility to place one-time funds generated from future potential one-time MHSA allocations and/or potential MHSA savings, into the County MHSA special fund to be used for future contingencies including maintaining services outside of the MHSA plan.

In addition, your Board directed the CEO and Directors of Mental Health, Children and Family Services (DCFS), and Public Health (DPH) to report back, on a quarterly basis, to: 1) identify MHSA funding to maximize services to address the mental health needs of foster children; 2) identify specific new mental health screening, assessment and treatment services that MHSA could fund; and 3) develop a clearly defined interdepartmental strategy by which MHSA funds will support improved outcomes in prevention, reunification and permanency for foster youth.

"To Enrich Lives Through Effective And Caring Service"

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This is to report on the Department of Mental Health's (DMH) efforts in assisting community agencies in transforming their programs to utilize MHSA funding and working with stakeholders to advocate with the State to obtain maximum flexibility in the use of MHSA funding. This also provides the second of our quarterly reports on MHSA funding opportunities to maximize mental health services to foster children.

TRANSFORMATION OF MENTAL HEALTH PROGRAMS

As previously communicated in our August 19, 2008 quarterly report, DMH successfully enhanced community-based MHSA programs. Highlights include:

- Field Capable Clinical Services (FCCS), initially implemented only for older adults, are now being offered to clients of all age groups. Through the transformation, ten children's agencies, ten Transition Age Youth (TAY) agencies, and 17 adult agencies now have or are in the process of developing FCCS services. Three additional FCCS programs are being implemented for older adults.
- Full Service Partnership (FSP) programs were expanded with seven children's providers, four TAY providers, five adult providers and two older adult providers electing to serve additional high-need clients.
- Twelve agencies elected to develop Wellness Centers.
- Three providers chose to offer MHSA-funded outreach and engagement services to special hard-to-reach individuals.

Advocacy Efforts

DMH continues to have close collaboration with other California counties and stakeholders to encourage the State to provide counties with the flexibility to use any potential new MHSA funding to support system-wide efforts to transform mental health services, particularly as budgetary constraints in the traditional mental health services programs threaten to eliminate mental health services to vulnerable populations, including the uninsured and underinsured.

MHSA FUNDING - FOSTER CHILDREN

Maximizing Services

As described in the August 19, 2008 memo to your Board, in its spending plan for 2008-09 MHSA Community Services and Support growth dollars, DMH included an additional \$3.3 million to support expanded services to foster youth. This funding is

being used to expand FSP slots for children and TAY currently in foster care. MHSA funds will be used to draw down Early and Periodic Screening, Diagnosis and Treatment Medi-Cal funds enabling DMH to provide intensive evidence-based services to an additional 525 children and 223 TAY in foster care.

As part of the transformation process in 2007-08, DMH supported providers that wished to develop and implement FCCS for children and youth. FCCS involves the delivery of services outside of traditional mental health settings, including in locations such as clients' homes, foster homes, schools and other locations where children, TAY and their families may gather. While not as intensive as FSP programs, FCCS services may be an appropriate community-based option for foster children whose level of mental health need does not necessitate wraparound-type services. Seven agencies have elected to deliver FCCS services to children in foster care and are now providing these community-based interventions. In addition, five agencies have elected to provide FCCS services to TAY in foster care.

New MHSA Funded Services and Interdepartmental Strategy

The Prevention and Early Intervention (PEI) component of MHSA will present additional opportunities to address the needs of youth in the foster care system, as well as those at risk of entering foster care. PEI planning is actively underway in Los Angeles County. To date, nine of 16 community forums have been conducted. Consistent participation by staff from County departments including DCFS, Probation, DPH and Community and Senior Services has ensured that those who are knowledgeable about community priorities are participating in setting the direction for the PEI plan which will be developed toward the end of 2008-09.

In addition to the community forums and teach-ins on evidence-based models for prevention, a DMH and DPH workgroup focusing on the needs of children ages 0 to 5 has continued its work. This interdepartmental workgroup is finalizing a prevention proposal for at-risk pregnant women and their unborn children. By intervening at this critical time, it may be possible to reduce risk factors and stressors associated with initial onset of mental illness, and promote practices that enhance brain development during the early lives of vulnerable children. Such prevention proposals are intended to strengthen families, thereby ultimately reducing children's risk of entering foster care.

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The Department of Mental Health continues to make progress on the identification and utilization of MHSA fundable services and the Department will prepare future status reports, as of the next quarterly report which is targeted for March 2009.

If you have any questions, please contact me or your staff may contact David Seidenfeld at (213) 974-1457, or at dseidenfeld@ceo.lacounty.gov.

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